

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937499** FILING DATE

APPLICANT(S)

CLAIMS						
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4		1				
5				1		
6			1			
7		1				
8			1			
9				1		
10		1				
11		1				
12	1					
13	1					
14		1				
15		1				
16		1				
17	1					
18		1				
19	1					
20		1				
21	1					
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL ID.	12					
TOTAL EP.	9	↓	↓	↓		
TOTAL AIMS	21					